

**DEPARTMENT OF THE ARMY
IMMUNIZATION/ALLERGY SPECIALTY COURSE
WALTER REED ARMY MEDICAL CENTER
WASHINGTON DC 20307-5001**

MCHL-AI

17 Dec 1999

SUBJECT: STUDENT SELECTION SOP

APPLICABILITY: APPLYS TO ALL MEMBERS OF THE CLASS SELECTION BOARD

PURPOSE: To establish guidelines for selecting students for the allergy course.

1. Course NCOIC and Senior Instructor accomplish each class selection of Army/Navy students. All students selected will meet the prerequisites listed below. If the demand does not exceed seats, we will continue to fill the seats as the packet comes in. Once demand exceeds available seats, we will revert to the selection criteria as stated above.
2. Selection of students will be based on the following:
 - a. Army/Navy students - All Army/Navy active duty & DoD civilian students are TDY return. The number of students will be based on the number of instructors. Three to Four students per instructor.
 1. Immunotherapy clinics without technicians.
 2. Immunotherapy clinics with technician shortages.
 3. Allergist without trained technicians.
 4. Allergist with trained technician shortages.
 5. Clinics where skin testing is performed, for either recognized/trained surrogate or Tricare contract provider.
 6. Other recognized allergy/immunization technician positions.
 - b. Air Force students – the registrar office at Sheppard AFB will provide a roster no earlier than 45 days prior to class start date (5 per class per inter-service agreement).

Henry Moore
SFC, USA
NCOIC

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PRELIMINARY QUESTIONNAIRE FOR ARMY & NAVY COURSE APPLICANTS

FACILITY APPLYING: _____

APPLICANT: _____ **SSN:** _____

POC: _____ **DSN** _____ **COM** _____

FAX: _____ **EMAIL:** _____

- | | | |
|---|-----|----|
| 1. Do you have an allergist in the facility? | YES | NO |
| 2. Is an allergist authorized? | YES | NO |
| 3. Is there a surrogate allergist? | YES | NO |
| 4. Will the technician be performing allergy skin testing? | YES | NO |
| 5. Will allergy shots be administered? | YES | NO |
| 6. Will the tech/nurse be used full-time in the A/I clinic | YES | NO |
| 7. Will adult/pediatric immunizations be administered? | YES | NO |
| 8. How many technicians/nurses are authorized? _____ | | |
| 9. How many technicians/nurses are present? _____ | | |
| 10. Are any of the technicians/nurses due to PCS or move? _____ | | |

APPLICANTS HOME ADDRESS:

***ANSWERS WILL DETERMINE PRIORITY FOR CLASS SEAT**

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MAIL OR FAX TO:

**IMMUNIZATION/ALLERGY SPECIALTY COURSE
WRAMC/MCHL-AI
BLDG. 512, FOREST GLEN
WASHINGTON, DC 20307-5001**

PHONE: (301) 319-7813/7809
FAX: (301) 319-7818 DSN: 285

- PACKETS MUST BE RECEIVED **NLT 30 DAYS** PRIOR TO CLASS START DATE
- NO SEATS WILL BE ALLOCATED WITHOUT A PACKET IN OUR HANDS; **DO NOT** SEND SOLDIERS/SAILORS WITHOUT A QUOTA ALLOCATION FROM THE COURSE
- SEATS ARE ONLY ALLOCATED TO THOSE WHO WILL BE UTILIZED FULL TIME IN AN ALLERGY/IMMUNIZATION CLINIC AFTER GRADUATION.
- ACTIVE DUTY ARE ASSIGNED TO STUDENT COMPANY FOR ALL ACTIONS AND STAY IN STUDENT COMPANY BARRACKS, UNIT IS RESPONSIBLE FOR FUNDING TDY, MUST PROVIDE FOOD PER DIEM DUE TO MINIMAL AVAILABILITY OF CHOW HALL FOR ALL MEALS.
- CIVILIANS ARE ENCOURAGED TO STAY AT THE MOLOGNE HOUSE ON THE WALTER REED CAMPUS. FOR INFORMATION AND RESERVATIONS, CALL (202) 726-8700, DSN 662.

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PREREQUISITES/PACKET CONTENTS

ARMY ACTIVE DUTY:

1. GT SCORE OF 105 OR ABOVE VIA DD FORM 2A
2. 1 YEAR REMAINING IN ARMY/ON STATION AFTER COURSE GRADUATION
3. PREFERABLY A SOLDIER WHO IS RECENTLY ASSIGNED TO FACILITY
4. REQUEST MUST BE FOR A SOLDIER THAT WILL BE ACTIVELY ASSIGNED AS AN ALLERGY TECHNICIAN, THIS COURSE IS NOT FOR POINTS OR KNOWLEDGE BROADENING.
5. SGT OR BELOW, EXCEPTION CAN BE MADE FOR NCOIC OF CLINIC IF HE/SHE WILL BE ACTIVELY DOING PATIENT CARE DUE TO MANNING SHORTAGES.
6. 91B/91C
7. CURRENT CPR CERTIFICATION
8. COMPLETED QUESTIONNAIRE INCLUDED WITH PACKET
9. COPY OF CURRENT PT TEST
10. LETTER OF JUSTIFICATION, MUST INCLUDE ALL-IMPORTANT ASPECTS, SUCH AS MANNING LOSSES, PROCEDURES PERFORMED IN CLINIC, ALLERGIST ON BOARD, AND PATIENT LOAD; PREFERABLY FROM NCOIC/OIC OF ALLERGY, IF NOT, THEN MOST CURRENT SUPERVISOR.
11. LETTER OF RECOMMENDATION, PREFERABLY FROM NCOIC/OIC OF ALLERGY, IF NOT, THEN MOST CURRENT SUPERVISOR.

NAVY ACTIVE DUTY:

1. HOSPITAL CORPSMAN E-1 – E-5; EXCEPTION CAN BE MADE FOR THE LPO OF CLINIC IF HE/SHE WILL BE ACTIVELY DOING PATIENT CARE DUE TO MANNING SHORTAGES.
2. BE ACTIVELY ASSIGNED AS AN ALLERGY TECHNICIAN
3. CURRENT CPR CERTIFICATION
4. COMPLETED QUESTIONNAIRE INCLUDED WITH PACKET
5. LETTER OF JUSTIFICATION, MUST INCLUDE ALL-IMPORTANT ASPECTS, SUCH AS MANNING LOSSES, PROCEDURES PERFORMED IN CLINIC, ALLERGIST ON BOARD, AND PATIENT LOAD; PREFERABLY FROM NCOIC/OIC OF ALLERGY, IF NOT, THEN MOST CURRENT SUPERVISOR.
6. LETTER OF RECOMMENDATION FROM CURRENT SUPERVISOR.
7. PHYSICALLY QUALIFIED IN ACCORDANCE WITH TRANSFER MANUAL AND THE MANUAL OF THE MEDICAL DEPARTMENT

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Air Force Student Requirements/Perquisites

The Walter Reed Immunization/Allergy Course does not decide whom attends the course nor does it have any say on assignment location for AF personnel. This decision is made by AFMPC Randolph AFB, TX and will require a packet to be submitted. Contact your local MPF for further details.

Basic Perquisites

SSgt – SrA

Completion of J3AQR4N031 (Medical Service Apprentice)

Completion of J5AQR4N051 (Medical Service Journeyman)

DoD CIVILIANS:

1. DD 1556 - HAND CARRIED TO CLASS
2. LETTER OF RECOMMENDATION/JUSTIFICATION ANSWERING ABOVE QUESTIONS, MUST INCLUDE NAME, SSAN, GS RATING AND SERIES NUMBER
3. PROOF OF CURRENT CPR & NURSING CERTIFICATION
4. LPN OR RN IN THE GS SYSTEM

The WRAMC Immunization/Allergy Specialty Course is accredited by:
Academy of Health Sciences
2250 Stanley Road
Fort Sam Houston, TX 78234-6150

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CLASS DATES FISCAL YEAR 00

CLASS#	REPORT DATE	START DATE	END DATE
0010	17 OCT 99	18 OCT 99	19 NOV 99
0020	03 JAN 00	04 JAN 00	04 FEB 00
0030	06 FEB 00	07 FEB 00	10 MAR 00
0040	12 MAR 00	13 MAR 00	14 APR 00
0050	16 APR 00	17 APR 00	19 MAY 00
0060	21 MAY 00	22 MAY 00	23 JUN 00
0070	09 JUL 00	10 JUL 00	11 AUG 00
0080	10 SEP 00	11 SEP 00	13 OCT 00

CLASS DATES FISCAL YEAR 01

CLASS#	REPORT DATE	START DATE	END DATE
0011	15 OCT 00	16 OCT 00	17 NOV 00
0021	03 JAN 01	04 JAN 01	02 FEB 01
0031	04 FEB 01	05 FEB 01	09 MAR 01
0041	11 MAR 01	12 MAR 01	13 APR 01
0051	15 APR 01	16 APR 01	18 MAY 01
0061	20 MAY 01	21 MAY 01	22 JUN 01
0071	08 JUL 01	09 JUL 01	10 AUG 01
0081	09 SEP 01	10 SEP 01	12 OCT 01